

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>001147</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/28/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHADY REST HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>10924 LINCOLNWAY EAST PLYMOUTH, IN 46563</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p><b>INITIAL COMMENTS</b></p> <p>An Environmental Preoccupancy Survey for State Licensure of a Residential facility for the addition of one bed to room 1 and one bed to room 4 was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 07/28/11</p> <p>Facility Number: 001147 Provider Number: 001147 AIM Number: NA</p> <p>Surveyor: Robert Booher, Life Safety Code Specialist/Medical Surveyor</p> <p>At this Environmental Preoccupancy survey, Shady Rest Home was found in compliance with 410 IAC 16.2-5-1.5, Sanitation and Safety Standards, and 16.2-5-1.6, Physical Plant Standards of the Indiana Health Facilities Rules for Residential Care Facilities.</p> <p>This wing identified as the Women's Dormitory containing room 1 and 4 was determined to be Type V (111) construction and was fully sprinklered. The facility has a fire alarms system with smoke detection in the corridors. The facility has a capacity of 44 and a census of 42 at the time of this visit.</p> <p>Quality Review by Dennis Austill, Life Safety Code Survey Supervisor on 7/29/11.</p>	S 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 1